



CITY OF SAN DIEGO ♦ PURCHASING & CONTRACTING
DEPARTMENT INSURANCE REQUIREMENTS

ANY QUESTIONS PERTAINING TO THIS NOTICE SHOULD BE DIRECTED TO THE INSURANCE COORDINATOR:

PHONE: (619) 236-6254 ♦

FACSIMILE: (619) 533-6115

FORWARD THESE REQUIREMENTS TO YOUR INSURANCE AGENT TO ENSURE ACCURACY ON THE INSURANCE CERTIFICATE

The insurance certificate must be prepared pursuant to the requirements listed below. Failure to comply with these requirements in a timely manner may jeopardize the renewal and/or continuation of this contract.

1. The **FULL** name of the Company(s) affording coverage must be named on the certificate of insurance. Insurance Company(s) selected **MUST** be authorized to do business in the State of California and rated “A-, VI” or better by the A.M. Best Key Rating Guide. A **Service of Suit Clause** must be furnished in the event a Company is a Surplus Lines Company.
2. **Commercial General Liability** insurance should be written on an ISO Occurrence form CG 00 01 07 98 or an equivalent form. There shall be no endorsement or modification of the CGL limiting the scope of coverage for either insured vs. insured claims or contractual liability. (1) The CGL policy shall include wording that the policy is Primary and Non-Contributory.
3. **Commercial Automobile Liability** shall be written on an ISO form CA 00 01 12 90, a later version of this form, or an equivalent form. Insurance certificate shall reflect coverage for any auto.
4. The City of San Diego must be named as **additional insured** on **Commercial General Liability and Automobile Liability** coverage. (A specific City department shall not be named.) The City requires Contractors to submit: (1) an ACORD certificate with Additional Insured Endorsement naming the “City of San Diego, its respective elected officials, officers, employees, agents and representatives” as an additional insured, (2) a separate Additional Insured Endorsement page (CG 2010, CG 2026, or equivalent) also listing the “City of San Diego, its respective elected officials, officers, employees, agents and representatives” as an additional insured.
5. The Worker’s Compensation policy must be accompanied by an endorsement for the **Waiver of Subrogation of rights** against the “City of San Diego, its respective elected officials, officers, employees, agents and representatives.”
6. The authorized Insurance Agency Representative's original signature is required.
7. A notation of “**All Operations**” or the **Bid/P.O. Number and/or Job Title** must be included on the certificate (one (1) per certificate). (**Note:** The “All Operations” endorsement covers all current and future operations with the City of San Diego. Minimum coverage must be in accordance with bid or contract specifications)
8. **Certificate holder information must read as follows:**

City of San Diego, Purchasing & Contracting Department
1200 Third Avenue, Suite 200
San Diego, CA 92101-4195

ALL said insurance shall be maintained by the Contractor in full force and effect during the ENTIRE PERIOD OF PERFORMANCE under the agreement. Renewal certificates must be received by the Insurance Coordinator, City of San Diego Purchasing & Contracting Department, 1200 Third Ave, Ste 200, San Diego, CA 92101-4195 prior to the expiration date in order to ensure continuation of contracts. (03/2010-ydk)

**RENEWAL CERTIFICATES MAY BE FAXED TO (619) 533-6115 AND
THE ORIGINAL MAILED TO THE ADDRESS NOTED ABOVE FOR CERTIFICATE HOLDER.**